

**WOUND CARE QUALITY IMPROVEMENT
COLLABORATIVE**

**PARADIGM MEDICAL MANAGEMENT
PATIENT SAFETY EDUCATION NETWORK (PSEN)
NET HEALTH SYSTEMS, INC.
CECITY**

Non-PQRS Narrative Measure Specifications

Table of Contents

Chronic Wound Care: Assessment of Wound Characteristics in Patients Undergoing Debridement.....	3
Chronic Wound Care: Patient Education Regarding Diabetic Foot Care.	5
Chronic Wound Care: Offloading (Pressure Relief) Of Diabetic Foot Ulcers	7
Chronic Wound Care: Patient Education Regarding Long Term Compression Therapy.....	9
Chronic Wound Care: Use of Compression System in Patients With Venous Ulcers	11
Effective Use of Biologic Dressings	13
Peripheral Artery Disease (PAD) Screening	14

Chronic Wound Care: Assessment of Wound Characteristics in Patients Undergoing Debridement.

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of chronic skin ulcer undergoing debridement with documentation of wound characteristics (including at a minimum: size, AND nature of wound base tissue, AND amount of drainage) prior to debridement.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of chronic skin ulcer undergoing debridement

CPT® Procedure Codes: 11040, 11041, 11042, 11043, 11044, 15002, 15003, 15004, 15005, 97597, 97598

AND

ICD-9-CM diagnosis codes: 454.0, 454.2, 459.31, 459.33, 707.00, 707.01, 707.02, 707.03, 707.04, 707.05, 707.06, 707.07, 707.09, 707.10, 707.11, 707.12, 707.13, 707.14, 707.15, 707.19, 707.8, 707.9

NUMERATOR

Patients with documentation of wound characteristics (including at a minimum: size, AND nature of wound base tissue, AND amount of drainage) prior to debridement

Report the CPT Category II code 2050F-Wound characteristics including size AND nature of wound base tissue AND amount of drainage prior to debridement, documented.

RATIONALE

With the increasing costs and services associated with debridement and the potential overuse of these procedures, documenting the wound characteristics prior to debridement is important to confirm the medical necessity of the procedure. A review of surgical debridement services billed to Medicare in 2004, by the Office of the Inspector General, found that 29% of services had no documentation or insufficient documentation to determine whether the services were medically necessary or were coded accurately. Another important purpose of assessing and documenting the

characteristics of the wound is to monitor wound progress and subsequently evaluate the treatment regimen and make any necessary adjustments.

MEASURE TYPE

Outcome

Chronic Wound Care: Patient Education Regarding Diabetic Foot Care.

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period.

NQS DOMAIN

Person and Caregiver-Centered Experience and Outcomes

DENOMINATOR

All patients aged 18 years and older with a diagnosis of diabetes and foot ulcer.

CPT® Codes: 11040, 11041, 11042, 11043, 11044, 97535, 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

AND

ICD-9-CM diagnosis codes: 250.80, 250.81, 250.82, 250.83

AND

ICD-9-CM diagnosis codes: 707.14, 707.15

NUMERATOR

Patients who received education regarding appropriate foot care* AND daily inspection of the feet within the 12 month reporting period.

Report the CPT Category II code 4305F- Patient education regarding appropriate foot care AND daily inspection of the feet, received

*Definition - Appropriate foot care may include "self-inspection and surveillance, monitoring foot temperatures, appropriate daily foot hygiene, use of proper footwear, good diabetes control, and prompt recognition and professional treatment of newly discovered lesions."

RATIONALE

Educating diabetics about foot care has proven helpful in reducing foot ulcers and amputations, particularly in high risk patients. Nevertheless, studies have shown that diabetic patients are not offered adequate foot care. In one study examining several aspects of foot care in patients with diabetes, 28% of patients reported that they had not received foot education from their physician. Moreover, the presence of risk factors for lower limb complications was not associated with a greater chance of receiving foot education. The same study noted that patients who had received foot education and had their feet examined by their physician were more likely to perform self-inspection. "When combined with a comprehensive approach to preventive foot care, patient education can reduce the frequency and morbidity of limb threatening diabetic foot lesions."

MEASURE TYPE

Process

Chronic Wound Care: Offloading (Pressure Relief) of Diabetic Foot Ulcers

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who were prescribed an appropriate method of offloading (pressure relief) within the 12 month reporting period.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of diabetes and foot ulcer.

CPT® Codes: 11040, 11041, 11042, 11043, 11044, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

AND

ICD-9-CM diagnosis codes: 250.80, 250.81, 250.82, 250.83

AND

ICD-9-CM diagnosis codes: 707.14, 707.15

Denominator Exceptions/Exclusions:

- Documentation of medical reason(s) for not prescribing an appropriate method of offloading (pressure relief) (eg, non-plantar location): Append modifier for CPT category II code: 4269F-1P
- Documentation of patient reason(s) for not prescribing an appropriate method of offloading (pressure relief): Append modifier for CPT category II code: 4269F-2P
- Documentation of system reason(s) for not prescribing an appropriate method of offloading (pressure relief): Append modifier for CPT category II code: 4269F-3P

NUMERATOR

Patients who were prescribed an appropriate method of offloading (pressure relief) within the 12 month reporting period

Report the CPT Category II code 4269F- Appropriate method of offloading (pressure relief) prescribed.

RATIONALE

Offloading is a mainstay in the prevention and treatment of diabetic foot ulcers. Despite its importance in the care of patients with diabetic foot ulcers, a recent study examining wound care practices found that approximately 23% of patients with diabetic ulcers had no documentation of offloading devices.

MEASURE TYPE

Process

Chronic Wound Care: Patient Education Regarding Long Term Compression Therapy

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period.

NQS DOMAIN

Person and Caregiver-Centered Experience and Outcomes

DENOMINATOR

All patients aged 18 years and older with a diagnosis of venous ulcer

Option 1:

Diagnosis for venous ulcer (line-item ICD-9-CM): 454.0, 454.2, 459.11, 459.13, 459.31, 459.33

AND

Patient encounter during the reporting period (CPT): 29580, 29581, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

OR

Option 2:

Diagnosis for venous ulcer (line-item ICD-9-CM): 459.81

AND

Diagnosis for ulcer of lower limbs (line-item ICD-9-CM): 707.12, 707.13, 707.14, 707.15, 707.19

AND

Patient encounter during the reporting period (CPT): 29580, 29581, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

NUMERATOR

Patients who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period

Report the CPT Category II code 4268F- Patient education regarding the need for long term compression therapy including interval replacement of compression stockings, received.

RATIONALE

Venous ulcers often recur, especially in patients who are not compliant with compression therapy, with rates as high as 70%. "Numerous investigators have found that compliance is dependent on patient access to compression stockings and appropriate education." As a result, long term maintenance including the continued appropriate use of compression therapy must be addressed through patient education.

MEASURE TYPE

Process

Chronic Wound Care: Use of Compression System in Patients With Venous Ulcers

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who were prescribed compression therapy within the 12 month reporting period.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of venous ulcer

Option 1:

Diagnosis for venous ulcer (line-item ICD-9-CM): 454.0, 454.2, 459.11, 459.13, 459.31, 459.33

AND

Patient encounter during the reporting period (CPT): 29580, 29581, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

OR

Option 2:

Diagnosis for venous ulcer (line-item ICD-9-CM): 459.81

AND

Diagnosis for ulcer of lower limbs (line-item ICD-9-CM): 707.12, 707.13, 707.14, 707.15, 707.19

AND

Patient encounter during the reporting period (CPT): 29580, 29581, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

Denominator Exceptions/Exclusions:

- Documentation of medical reason(s) for not prescribing compression therapy (eg, severe arterial occlusive disease): Append modifier for CPT category II code: 4267F-1P
- Documentation of patient reason(s) for not prescribing compression therapy: Append modifier for CPT category II code: 4267F- 2P
- Documentation of system reason(s) for not prescribing compression therapy: Append modifier for CPT category II code: 4267F-3P

NUMERATOR

Patients who were prescribed compression therapy within the 12 month reporting period: Report the CPT Category II code 4267F- Compression therapy prescribed.

RATIONALE

Compression therapy is fundamental to promote healing and prevent recurrence of ulcers in patients with venous abnormality.

Although it has proven efficacy, research has shown that it is not universally used in the treatment of patients with venous ulcers. One study found that one third of patients did not receive compression of any sort and there was great variability in the level and type of compression therapy used. Graduated high compression (>30 mmHg) produces the best results. However, some compression is better than no compression.

MEASURE TYPE

Process

Effective Use of Biologic Dressings

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received biologic dressings or extracellular matrices (ECM) AND improved wound healing with a 90-day period.

NQS DOMAIN

Person and Caregiver-Centered Experience and Outcomes

DENOMINATOR

All patients aged 18 years and older with a diagnosis of diabetes and foot ulcer.

NUMERATOR

Patients who received biologic or extracellular matrices (ECM) with measures taken at 90 days.

MEASURE TYPE

Outcome

Peripheral Artery Disease (PAD) Screening

DESCRIPTION

Percentage of patients aged 50 and older, OR patients aged 18-49 with risk factors, with a diagnosis of diabetes who were screened for PAD.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 50 and older, OR patients aged 18-49 with risk factors, with a diagnosis of diabetes.

Risk factors include:

- Smoking
- High blood pressure
- Abnormal blood cholesterol levels
- Overweight
- Not physically active
- History of heart disease, heart attack or stroke
- Family history of heart disease, heart attacks, or strokes

NUMERATOR

Patients who were screened for peripheral artery disease using a non-invasive test (ankle brachial index (ABI) toe brachial index (TBI))

MEASURE TYPE

Process